

National policy of integral attention to man's health: an integrative review**Política nacional de assistência integral à saúde do homem: uma revisão integrativa****Política nacional de atención integral a la salud del hombre: una revisión integradora****Received: 16/08/2016****Approved: 20/11/2016****Published: 01/05/2017****Mariana Rocha Rodvalho Scussel¹****Daniela Martins Machado²**

The aim of this study was discuss the human health care with a focus on implementation of the National Policy of Integral Care to Man Health identifying the obstacles encountered. It is an integrative literature review, which drew articles available in full in the databases Scientific Electronic Libray (SciELO) and Virtual Health Library (BVS) in the period from 2013 to July 2015 were established two categories of analysis identified as "Strengths and weaknesses of the policy implementation " and "Challenges for comprehensive health care of the man." The study revealed that the establishment of PNAISH and adopting some of its guidelines for care services were not enough to expand the male public access to health promotion and production initiatives, but that more emphasis has been given to this issue has gaining attention of managers and workers for the improvement of care strategies human health.

Descriptors: Men's health; Health policy; Primary health care.

O objetivo deste estudo foi verificar a produção científica acerca da Política Nacional de Atenção Integral à Saúde do Homem. Trata-se de uma revisão integrativa de literatura, que extraiu artigos disponíveis na íntegra nas bases de dados Scientific Eletronic Libray (SciELO) e Biblioteca Virtual de Saúde (BVS) no período de 2013 a julho de 2015. Estabeleceram-se duas categorias de análise, identificadas por "Potencialidades e fragilidades da implementação da política" e "Desafios para a atenção integral à saúde do homem". O estudo revelou que o estabelecimento da PNAISH e a adoção de algumas de suas diretrizes pelos serviços assistenciais não foram suficientes para a ampliação do acesso do público masculino às iniciativas de promoção da saúde e prevenção de agravos, senão que maior ênfase tem sido dada ao tema que vem ganhando atenção de gestores e trabalhadores para o aprimoramento das estratégias de atenção à saúde do homem.

Descritores: Saúde do homem; Política de saúde; Atenção primária à saúde.

El objetivo de este estudio fue verificar la producción científica acerca de la Política Nacional de Atención Integral a la Salud del Hombre. Se trata de una revisión integradora de la literatura, que extrajo artículos disponibles en su totalidad en las bases de datos Scientific Electronic Libray (SciELO) y la Biblioteca Virtual de Saúde (BVS) en el período de 2013 a julio del año 2015. Se establecieron dos categorías de análisis, identificadas como "Potencialidades y fragilidades de la implementación de la política" y "Desafíos para el cuidado de la salud integral del hombre." El estudio reveló que el establecimiento de PNAISH y la adopción de algunas de sus directrices para los servicios de atención no fueron suficientes para la ampliación del acceso público masculino a las iniciativas de promoción de la salud y prevención de enfermedades, sino que se ha dado más énfasis a la cuestión que está ganando la atención de los gestores y trabajadores para la mejora de las estrategias de atención a la salud humana.

Descriptores: Salud del hombre; Política de salud; Atención primaria de salud.

1. Nurse. Undergoing Multi-professional Integrated Residency on Elderly Health in the Federal University of the Triângulo Mineiro (UFMT) Uberaba/MG/Brazil. ORCID 0000-0002-8487-0163 E-mail: scusselmari@gmail.com

2. Nurse. Specialist in Operative Group Coordination. Specialist in Transpersonal Psychology. Master's degree in Health Sciences. Professor at the Higher Health School of the State Health Secretariat of the Federal District Brasília/FD/Brazil. ORCID 0000-0002-5209-7022 Email: daniluzmartins@gmail.com

INTRODUCTION

In Brazil, the main causes of death among men are heart ischemic diseases, cerebrovascular diseases, malignant neoplasm (stomach, lung, and prostate cancer) and external causes (suicide, homicide and traffic accidents)¹. It is worth noticing that more than 80% of admittances in the Universal Health System (SUS) are a consequence of external causes, especially in the age group from 20 to 29 years of age. The victims of traffic accidents are the majority among them².

It can be noted that one of the main factors that corroborate these indicators of mortality is the fact that men are more exposed than women to risk factors such as alcoholism, smoking, sedentary lifestyle and obesity³.

Brazilian health system has been organized mainly around preventive care and health promotion, targeting specially women, children, and elders. Men are still scarcely included in these actions⁴.

Epidemiological data confirms that men are more vulnerable to disease, especially serious and chronic illnesses, not to mention that their life expectancy is lower. In addition to men's greater vulnerability and high rates of morbimortality, they do not seek primary health care services as often as women do. That directly interferes in their survival rates, when affected by serious illnesses⁵⁻⁷.

The delay in seeking for health care reflects the worsening of diseases, causing a greater number of men to enter the health services through emergency rooms or specialized care. As a consequence, not only there are less favorable prognoses for those who seek treatment, but that also leads to a higher cost to be afforded by the Unified Health System, including hospitalizations and a greater number of high-complexity procedures².

Uma mudança neste cenário requer maior qualificação e fortalecimento da atenção primária, garantindo assim uma abordagem mais efetiva aos homens no sentido da promoção da saúde e da prevenção de agravos evitáveis².

The Ministry of Health of Brazil considered the importance of making primary health care services more accessible for men, and in August, 2009, created the National Policy for the Integral Attention to Men's Health (PNAISH), that aims at offering integral assistance to this population.

Considering this situation, this study aims at verifying the scientific studies produced regarding the National Policy for the Integral Attention to Men's Health.

METHOD

To elaborate this study, an integrative review was conducted. This methodology allows for a synthesis of previous knowledge about the investigated theme⁸.

Research developed in 6 different stages, including: elaboration of the guiding question (definition of the objective); search or sampling of literature; data collection; critical analysis of included studies; discussion of results; and presentation of the integrative review^{8,9}.

The research was conducted on the data bases Scientific Electronic Library (SciELO) and Virtual Health Library (BVS) that, together, integrate several different databases. The research included articles entirely published in Portuguese, between 2013 and July, 2015, using the following descriptors: men's health and health policies (n = 19); men's health and primary care (n = 5); men's health and primary health care (n = 4). 28 articles were extracted from this survey.

Afterwards, the articles were read. Revision articles were not considered. The same was true for articles that, even if they contemplated the main descriptors, were not focused on the subject "National Policy for the Integral Attention to Men's Health". Thus, 11 articles were left.

The selected articles were read and analyzed through Bardin content analysis, following the stages of pre-analysis, material exploration and results treatment. The analysis started with the skimming of the article, followed by successive readings, aimed at identifying key words and ideas for

its interpretation and for the organizing of categories¹⁰.

The reading material was organized in a table that included the title of the work, the year, the periodical, the author, and the professional field of the first author. After the second reading and analysis of the article, the most meaningful content was organized in two analysis categories, due to its similarity and to the relevance of the themes.

RESULTS

No articles were found in 2013. In 2014 and 2015, using the descriptors men's health and

health policies, 19 articles were found; using men's health and primary care, 5; and using the descriptors men's health and primary health care, 4. 28 articles were extracted from this survey.

Through a detailed reading of the articles, considering only those that were according to all objectives, 11 articles were found, and are described in Table 1.

Regarding the category of the articles, the following were found: "*Potentialities and weaknesses on the implementation of the policy*" and "*Challenges for the integral attention to men's health care*".

Table 1. Articles about the National Policy for Men's Health. From January, 2013, to July, 2015.

	ARTICLE TITLE	YEAR	JOURNAL	AUTHOR	PROFESSION
01	Atenção à saúde dos homens no âmbito da Estratégia Saúde da Família	2014	Ciência & Saúde Coletiva	Erly Catarina de Moura	Nutritionist
02	O homem na atenção básica: percepções de enfermeiros sobre as implicações do gênero na saúde	2014	Anna Nery	Grayce Alencar Albuquerque	Nurse
03	Assistência Integral a Saúde do Homem: necessidades, obstáculos e estratégias de enfrentamento	2014	Anna Nery	Joseane da Rocha Dantas Cavalcanti	Nurse
04	Conhecimento de uma equipe da estratégia saúde da família sobre a política de atenção à saúde masculina	2014	Trab.Educ.Saúde	Luís Paulo Souza e Souza	Nurse
05	Concepções de enfermeiros sobre a política nacional de atenção integral à saúde do homem	2014	Trab.Educ.Saúde	Daiane Cristina Teixeira	Nurse
06	Dificuldades de inserção do homem na atenção básica a saúde: a fala dos enfermeiros	2014	Anna Nery	Renata Livia Silva Fonseca Moreira	Nurse
07	A saúde do homem em questão: busca por atendimento na atenção básica de saúde	2014	Ciência & Saúde Coletiva	Max Moura de Oliveira	Nurse
08	Opinião de profissionais sobre a efetivação da Política Nacional de Atenção Integral à Saúde do Homem	2014	Anna Nery	Mércio Gabriel de Araújo	Nurse
09	Planejamento, gestão e ações à saúde do homem na estratégia de saúde da família	2014	Anna Nery	Leonardo Peixoto Pereira	Nurse
10	Implementação da Política Nacional de Saúde do Homem: o caso de uma capital Brasileira	2014	Anna Nery	Isabele Torquato Mozer	Nurse
11	Discursos masculinos sobre prevenção e promoção da saúde do homem	2015	Trab.Educ.Saúde	Matheus Luis Castelan Trilico	Physician

DISCUSSION

Since the Health Organic Law that creates the Universal Health System (SUS), teaching institutions have been adapting their curricula and updating their pedagogical projects as to diversify the scenarios of university practices and secure proposals that prioritize the health system that has been developed in the country, training professionals that can act according to its

principles and guidelines, to promote health and prevent illnesses¹¹.

When the release of a new policy happens, the services that are a part of the health care network are not the only ones that must make efforts to its operationalization; the teaching institutions also do.

During the bibliographic survey demanded by this study, it was noted that the scientific production regarding the National

Policy for the Integral Attention to Men's Health is made almost exclusively by nursing researches. From all works with this subject, 80% are elaborated by nurses.

The curricula of undergraduate courses in nursing emphasize practices targeted at primary health care - a type of attention that used to be more focused on the cure of diseases¹⁰.

This selection for the curriculum contributes, partially, to explain why a greater number of scientific productions about the PNAISH is authored by nurses. These professionals are also the ones who, in health services, deal with the attendance of users, and are the frontline when it comes to actions in health education. The following are the categories created according to the theme of the articles found.

Potentialities and weaknesses on the implementation of the policy

This category indicates that the National Policy for the Integral Attention to Men's Health (PNAISH) includes the perception of professionals regarding it, as well as their contributions for the improvement of care directed to men.

It should be highlighted that this policy comes from the necessity of changing sociocultural paradigms that permeate men's health assistance. Its objective is to organize the services and actions targeted at the male population, based on the principles of attention integrity, equity and humanization, and aiming at improving the life conditions of this public, increasing the quality of life and its expectation, and reducing the morbimortality through health promotion and prevention, focused on the solving of risk factors².

The selected articles for the study approached, as a whole, the perception of health professionals regarding the PNAISH. The target of these studies were health assistance professionals of superior and technician levels, some of them in management positions. Among these professionals, the main focus were nurses, physicians and community health agents.

Regarding the knowledge of professionals about the PNAISH and their

involvement with the actions of implementation of the policy, big weaknesses can be identified. Recent researchers have found that most professionals have a superficial and minimal knowledge about the policy, and have found about it by their own volition¹²⁻¹⁶.

There are no institutional initiatives as to divulge the policy, or the fundamentals, principles and guidelines that compose it. In the studies, the professionals state that they do not know and feel the need to have more access to information, in the form, for instance, of manuals from the Ministry of Health, that could help them to understand the theme better. On the other hand, there are not any managerial actions that work towards proposing a schedule that can contemplate strategies targeted at the integral attention to men's health^{14,16,17}.

Something to be highlighted, however, is that even though they do not know the policies well, the professionals had a real and ample knowledge of the peculiar aspects involved in the health and disease processes of men, recognizing the particularities of the male public, especially considering the importance of gender issues in the behavior that men display regarding their health¹³.

Thus, it becomes important to highlight masculinity issues a determining cultural factor in the context of men's health. The process of socialization of men, considering what it means to "be a man" in our society, is a result of a multiplicity of cultural conventions that seem similar to gender stereotypes. This social representation of "being men" includes the position of the men as a leader, a breeder, a provider and an invulnerable person, characteristics that are a part of the idea of masculinity the is most commonly presented¹³.

These issues that surround masculinity follow the track of the studies that discuss the causes for the low adhesion to the male public, which would be related to sociocultural and institutional barriers that contribute for men to take less care of their health and expose themselves more to risk situations. Among those barriers, gender

stereotypes are very important, as through their lens diseases are considered to be signs of weakness, that men do not recognize, since they judge themselves to be invulnerable, and reject the possibility of getting sick^{18,19}.

The situation of the men as provider also needs to be highlighted. Their working hours are the same as the hours during which the basic health services are functional, and that, consequently, makes their access to them more difficult^{20,21}.

By understanding social representations of gender in society, especially those involving masculinity, health professionals will certainly find it easier to receive and offer care for men, as they will have the information necessary to deal with the more complex dimensions of the male population, recognizing their social, cultural and personal barriers, and how those relate to how and how much they value their own health and are concerned about their health care¹².

Knowledge about gender issues, however, is not enough to guarantee the adequate approach of men in the health care contexts. The researches listed here have also shown that professionals, although they identify gender issues and know superficially the needs of the male public, are not trained adequately to provide the particular care this public needs the most²².

It was noted that the shortfall in the training of health professionals for men's care has been restricting the conduction of welfare practices, and of practices that target health education regarding male health¹⁵. It is worth highlighting that a permanent training for the professionals who act on primary health care, where welfare is targeted at health promotion and at the prevention of illnesses, is a responsibility of the management of health services. It aims at updating concepts, techniques, and at approaching sociocultural issues²³.

In this context, permanent health education is paramount for the improvement of the welfare practices scenarios. It is based on learning in one's workplace, and takes into account experiences, previous knowledge of the professionals and health needs of the

population, in order to aid in the transformation and improvement of professional practices, thus allowing for an improvement in the quality and resolution of the assistance²⁴.

The absence or low number of professional qualification initiatives prevent welfare work from being adequate to the specific demands of the male public. It makes it impossible for multi-professional teams to expand or enhance their actions to better care for the men¹⁴.

Institutional initiatives aimed at qualifying their professionals for an approach targeted at the male public could largely collaborate for the increase of male users in health services. That could also help for the conduction of health promotion and prevention actions. Right now, the statistics of males present in the public health care indicate that they only search for the service when their health is already compromised, and when situations that were not handled properly in the past become more serious. Institutional initiatives could also improve these statistics¹².

However, in spite of the lack of information and the absence of professional training that can contribute to improve the health care for men, the health professionals, especially the nurses, recognize the importance of the PNAISH, and the need to work towards its implementation. By their own volition, they have been trying to create strategies that allow for an integral health care for men, especially when it comes to health promotion and to the prevention of illnesses^{17,22}.

Challenges for the integral attention to men's health care

In this category, the difficulties and challenges for the implementation of the PNAISH can be seen. This is a relatively new policy, and its implementation still poses a lot of challenges and difficulties both to health professionals and to the users of the SUS.

When the reasons for men to seek for care in a health service are discussed, the main reasons mentioned are the contraction of a disease or its increase in gravity, and that

reflects the lack of a preventive point of view of men regarding their health¹².

The male population access mostly specialized services, not really using the primary services. The PNAISH proposes to qualify men's health care, valuing the integrity of care through the use of strategies that strengthen health promotion and prevention, as to make primary health care a gateway to these clients in the system^{2,25}. It is important to highlight some epidemiological data that depict how vulnerable and exposed men are to health hazards that contribute to the current health status of this population.

There are about 2 billion alcoholics and smokers in the world, and in Brazil, there are nearly 6 million people in this situation. This situation leads to the increased number of hospitalizations related to mental and behavioral disorders caused by alcohol abuse. These two problems are responsible for 20% of all male hospitalizations, while among women this number is only 2%^{26,27}. Regarding tobacco, men are known to use cigarettes more frequently than women, and that makes them more vulnerable to chronic obstructive lung diseases, cardiovascular diseases, cancer, and mouth diseases².

Thus, it becomes clear the sedentary lifestyle, alcoholism and smoking are the triad of main aggressors to men's health, and they do not adopt any type of preventive behavior. Actions related to the prevention of health problems and to health promotion must consider the personal knowledge of the male population regarding the illnesses and the existence of behaviors that expose them to risk factors, as well as their access to health care services, and the organization, reception and establishment of therapeutic links in these services²⁸.

The fact that men do not consider their health from a preventive perspective is not only made clear by the statistics of health care services, but it is also pointed out by the professionals in the different studies listed here. Their perception is that cultural factors are the main cause for the failure of men to adhere to health services¹⁵.

Among the factors that are intrinsic to men, and contribute for their lack of ties to

health services, is the lack of knowledge of most of them regarding the aspects of their health, diseases and preventions. They, frequently, think about such issues from a biologic and curative perspective²⁸.

The articles that make explicit male social representations regarding their health indicate that most of them recognize, at least, that the preventive prostate cancer examination is necessary. They understand that this is one of the main necessities of male health, but show, on the other hand, to ignore other equally relevant aspects of their health²⁹.

This lack of knowledge of men regarding their own health, as well as their limited adoption of preventive measures, makes it clear that they do not perceive relevant vulnerabilities and risks. Cultural and gender issues are relevant for the establishment of their perspective, as they inspire in men the perception of self-sufficiency, and that getting ill is not something appropriate for males³⁰.

This reductionist perspective regarding men's health needs is highly focused on biological issues. It is not, however, only found in the users; it is frequently found among the professionals themselves, indicating a point of view that is based on a biomedical approach^{29,31}.

Although one of the priorities of the PNAISH is the sexual and reproductive needs of men, it is important that the professionals keep a wide ranged perspective regarding their health promotion and prevention. Subjects like alcoholism, tobacco and other drugs, violence and traffic accidents, and prevention and control of STDs/AIDS are also priorities established by the policy that deserve to be present in the agenda of male health care².

The articles have made clear that, among other difficulties to the access of men to health services, or even to their adhesion to treatments, are: long waiting times that generate impatience; the shame of exposing themselves; the lack of time to dedicate to their health, that they justify due to their working time; and the lack of resolution of their needs.

Serious initiatives that aim at expanding male health care with quality and in a resolute way must target incentive strategies, and the participation of men in the basic health units that are near their residence, in parts of the day that are favorable to them. Actions in the territory of these units should also be carried out¹⁶.

If men do not look for the services, it becomes necessary to identify and operationalize strategies to bring them from their residences. Therefore, the Family Health Strategy is a very important tool, since it can use resources such as active searches through Community Health Agents (CHA), home visits or even partner with other sectors to divulge their importance. That would also strengthen intersectoral activities, as the Primary Care National Policy suggests³².

Possible solutions for these problems are strategies that allow for a greater accessibility, such as the increase of time during which the services work, meaning investments in night shifts (since this is not the shift that most people work), offering a special approach to the specific needs of men, including better strategies to receive them, with good communication and the improvement of the information directed at the singularities of male health care. In addition, it can be noted that the physical space of the services also influence these aspects of them, and were they to be less stylized with a focus on women and kids, the male public would perceive to be more adequate for those spaces³³.

Other measures are being taken to modify this situation. And, to increase the ties between men and health care, there should be greater investments in the Family Health Strategy and in the improvement of health actions, such as home visits and the creation of reference services to care specifically to the male public. It should also be emphasized that popular health education is a tool to make this care easier, investing in conversation groups, coordinated by multi-professional teams, and aiming at offering an integral health care approach.

Public education is the target of a specific public policy, released in 2013 by the

Ministry of Health³⁴. Its premises apply to all initiatives developed in the scope of the SUS, and its perspective regarding education is based on the views of Paulo Freire. Its application is transversal to all attention levels, but its emphasis is greater on the primary care level. It represents an essential tool to bring professionals and users together.

Popular education represents rethinking health education from a more dialogical perspective, that can emancipate its subjects as it put users in a position of protagonists when it comes to their own process of health generation. The same is true regarding the professionals, since it allows them to provide more humanized types of care, shared and integral, that allow for the transformation of their societies and for actions that understands this health actors as citizens³¹.

In spite of the existence of a policy specific for men's health, the PNAISH, many of its premises were not effectively implemented. Paradigmatic changes related to the perception of male population regarding health self-care are necessary. To do so, it is necessary to guarantee a precocious training for primary health care actions, especially through popular education. That implies in the training of the professionals, in the investment in the humanization of care, in the expansion of health information, and in the instrumentalization of services for the adequate reception and care of the male population.

This set of actions could contribute for the male public to have greater access to health services². That would allow for the development of the integral attention for men's health, and result in the qualification of this public for their protagonist role in the health production process.

CONCLUSION

It is widely known that the PNAISH has been creating a setting for the discussion of men's health and for the implementation of health resources that aim at improving the prevention and promotion of their health. This field is, thus, in a setting that is rich

when it comes to male particularities, the perception of the professionals and the challenges to be faced in this context of integral attention to men's health care.

However, it can be concluded that the actions needed for the implementation of the policy have not yet sufficed to effectively insert the male public in the health services through primary health care. This population, thus, still come to the health services mostly through emergency and specialty services, with acute problems or a situation of illness that is already chronic.

It is necessary to pay attention not only for the health promotion and prevention actions, but also, when it comes to external causes, for the growing epidemiological panorama of accidents, violence, and alcoholism - problems that affect males more than females.

A suggestion would be to invest in the divulging of this policy, through the training of the professionals and dissemination through media. Also important is the investment in strategies that aim at bringing men closer to the health services, with a precocious training and popular education, as the policy guides.

All areas of health management, as well as the institutions of professional health education should encourage discussions about this policy, as to increase the awareness of students, professionals, and of community itself, to the theme of men's integral health care.

Therefore, opportunities and appropriate conditions must be created for men to be listened to and qualified to be the protagonists of their own health process. The particularities of the male public, including gender and culture issues, should be taken into account, as to guarantee, in health, a qualified and integral care.

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CONTRIBUTIONS

All authors contributed equally in the design of the study, critical analysis of the production, and in the final writing of the article.

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